Integration of health and social care

Royal College of Nursing Scotland

As you know, over the last year the Royal College of Nursing (RCN) Scotland has been building its understanding of what will help make Scottish plans to integrate health and social care a success. We have reviewed the international literature, interviewed frontline nurses in collaborative teams¹ and discussed ideas extensively with members and partners from across sectors.

Using the findings of work to date, we are currently developing a set of principles for delivering the integration of care. These are intended to offer a positive contribution to the ambition to ensure seamless care for patients and to support the planning and implementation of integrated services. These principles will be finalised once our consultation has concluded in mid-March and we plan to submit them to the Health Committee as supplementary evidence in advance of the evidence session with Scottish Government representatives on 20 March.

Our written evidence, at this stage, draws on key themes of our developing principles document, giving a few examples of some of the practical actions that might help deliver on the principles and focusing, in particular, on answering the second question set by the committee: What would the detail of the Scottish Government’s proposals need to address to overcome the barriers to integration? By implication, we suggest that insufficient attention to these areas, among others, may have been significant barriers to creating fully integrated services in the past.

For further information on positive examples of integrated care in action, I refer the committee to a number of RCN interviews with nurses in well-functioning collaborative teams:

- Integration of health and social care: A snapshot of current practice in Scotland (RCN, 2011)²
- Community Nursing: Transforming Healthcare (RCN, 2011)³

Why integrate care?

RCN Scotland’s research has shown that a clear purpose in investing in increased integration is essential to success. For the RCN, the point of delivering integrated care is to ensure that anyone in Scotland using health and care services experiences seamless and timely access to the dignified

¹ Robertson, Hilary, Integration of health and social care - A review of literature and models, RCN (2010), and
² Matheson, Alex, Integration of health and social care: a snapshot of current practice in Scotland, RCN (2011)
and compassionate care they need to improve their quality of life, delivered by appropriately trained staff, in their own home or their local community wherever possible. Staff working in health and care services should be able to do the best job possible for their client group, without being frustrated by needless organisational, professional, financial or political obstacles.

The integration of care is not ultimately about where organisational lines are drawn and re-drawn. Care involves people working with and for people. As such, the focus of our vision of integration is on teams of people, with different expertise and experience, collaborating to meet the particular care needs of individuals and families.

For example, a frail older person with dementia and a long term respiratory condition who wants to stay at home may need: a community nurse to check they are responding positively to treatment and keeping their GP and hospital consultant up-to-date; a social worker ensuring respite is on hand for the family and day-to-day living support is in place, and a befriender helping them find the confidence to engage with community activities. Integrated care is about these people - staff, volunteers, service user and carers - working better together in a co-ordinated way to improve quality of life wherever possible.

In this context, what should be the focus of the Scottish Government’s proposal?

The delivery of high-quality and dignified care is dependent on trusting, respectful and clear relationships between people. As such, the Scottish Government, and its partner organisations, must ensure that they put in place the policies, processes, governance systems, accountability structures, resources and realistic outcomes needed to support those at the frontline. In addition, the Scottish Government and its partners must take care to model at every turn the behaviours they wish to see reflected in the care services provided to everyone in Scotland.

It is our intention that the RCN principles for the integration of care should be taken as a whole with different responsibilities placed on Scottish Government, local partners, individual staff, patients and carers for success. However in setting out at this stage what the Scottish Government proposals should focus on, we are providing some practical examples which would help ensure the delivery of respectful, dignified and high quality integrated care.

1. Building the national foundations for the integration of care

Although the integration of care will be delivered locally, it cannot work without decisive and transparent national leadership. National oversight will be required, for example, to: ensure consistency in service eligibility or availability; ensure the prioritisation of regional and national resources; provide coherent policy and legislation to support collaboration; and to allocate and scrutinise the use of taxpayers’ money. Politicians must lay the foundations for success by ensuring their policies and relationships model the same ethos of mutual respect expected elsewhere.
This could be supported by, for example:

**Providing national guidance to support local decisions**
The Scottish Government has published guidance for NHS Scotland on delivering major service change. Given the scale of service re-design we expect to result from the integration of health and social care delivery across the country, we call on the Government, with its local government partners where appropriate, to make clear its expectations by either:

- Clarifying how the existing NHS guidance should be applied across partnerships to local integration planning processes, or
- Providing new guidance to support local partners on delivering change appropriately.

This will do much to avoid wasted resource and effort at a local level in planning service changes that are not subsequently acceptable to accountable politicians.

**Ensuring clear and transparent lines of political accountability**
We would expect to see national plans for integrated care to clarify who holds ultimate responsibility for the oversight, scrutiny and strategic direction of publicly funded and delivered services in Scotland. Whatever accountability model is chosen, it should apply to all parts of Scotland to avoid public confusion and retain national coherence.

**Introducing an integrated performance management system**
To support the integration of health and social care, the Scottish Government should provide clear leadership to frontline staff by introducing a coherent, joined-up performance management system for the whole of the public sector and simplify the current confusing landscape of outcomes, targets and indicators which hinder collaboration on the ground.

**Preserving the founding principles of the NHS**
The RCN has been clear across the UK that whatever reforms are implemented in the NHS, healthcare must remain free at the point of need. We will carefully examine all proposals for integration to ensure this basic principle is not undermined.

2. **Promoting behaviours and establishing robust processes that sustain respectful relationships.**

The delivery of good care needs everyone involved to take responsibility for their own individual part in establishing respectful interactions. RCN’s Principles of Nursing Practice⁴, for example, set out the behaviours that we, and patients, should expect of nursing staff in this regard. The RCN will continue to provide professional and employment support to our members to

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⁴ [http://www.rcn.org.uk/development/practice/principles/the_principles](http://www.rcn.org.uk/development/practice/principles/the_principles)
help them in delivering on their practice in this way. However, organisational and political leaders also have a responsibility to model an ethos of respect and to put in place the processes that will promote and support behaviours that sustain sound relationships within our care services.

In practice this could include, for example:

**Promoting service user independence and participation in decision-making wherever possible**

Integrated services should prioritise approaches that support sustainable self-management and independence, such as telehealth or enablement services.

In a fully integrated service the scope of care will range from daily living support, such as befriending services, to highly complex clinical interventions. In this context, imposing a one-size-fits-all approach on the scope of service-user empowerment – for example, by focusing exclusively on financial tools like personal budgets – fails to recognise the diversity of individual capacity and the context and complexity of the care that may be needed. Consequently, the RCN would expect to see a range of approaches to support service users’ participation and ownership in decision making available within integrated services, supported by clear communication to service users, staff training and robust local processes.

To support local partners to find appropriate and creative ways to promote the empowerment of service users and their carers, the Scottish Government should lead a civic debate on the parameters of individual choice within an integrated health and social care service.

**Promoting understanding between staff from different professional backgrounds**

Different language and terminology used by staff from various professional backgrounds can become a barrier to effective collaboration and, consequently, to seamless service delivery from the service user’s perspective. Basic misunderstandings can result in confusion within teams. Our members have told us that practical measures, such as co-locating team members and work shadowing, can help overcome such issues. As such, we would expect to see practical actions to support understanding between professional groups in collaborative teams included in re-design plans, as well as ongoing protected space and time for staff to meet regularly.

**Supporting staff to make the transition**

The pressure to continue to deliver safe and effective services whilst undergoing significant change should not be underestimated. The RCN would expect partners to set out a detailed transition plan to make arrangements for safe service delivery during change and communicate clearly with staff and their trade union representatives throughout the transition process. Without such a clear framework, professionals will be anxious about the possibility of unacceptable risk to service users and
other staff during change. This will not help to promote the creativity and flexibility needed to deliver successful collaboration.

3. Focusing on getting the initial planning right in local communities

Much of the activity and responsibility for integrating service delivery will be seen at a local level. The RCN is not advocating a single model of integrated delivery: clearly a large city and an island community may require quite different solutions. However, we do think there are some core national principles that should inform the process of developing all plans for the future within the context of building and sustaining respectful relationships in care services. It would be helpful for the Scottish Government’s proposals to set out clearly its expectations on partners who will be delivering change processes. This could include directing partners to:

**Commit to a shared purpose**
Generating a shared, clear vision or purpose for the integration of health and social care, based on an understanding of local need, is crucial to success. Our research shows that successful collaboration requires staff to be motivated specifically by a focus on improving the health and wellbeing of their communities, not a drive to reduce budgets.

The RCN expects local plans for integration to include evidence of a clearly articulated purpose, rooted in an understanding of what really matters locally, and which has been developed through engagement with local people and with staff across services. This shared vision must become the primary measure against which the success of all change is assessed.

**Take the time needed to get things right**
There are clear pressures – demographic, financial and political – to drive forward with this step change in care provision. Not every part of Scotland will share the same starting point; some areas are already further down the path towards integrated care than others. As such, the time needed to establish the right foundations for successfully integrated care will not be the same for all partners. However, reforms will be set up to fail if partners respond to pressures by rushing through the design and early implementation stages without clarity of purpose, the time to build the right relationships, transparency of decision making, recognition of risk, and the understanding of the public and staff.

4. Securing the safety, quality, continuity and efficiency of integrated care services

It is imperative that the public, service users, care staff and accountable politicians can have confidence in integrated care services. Such assurance will require advance planning and ongoing investment in, and review of, activities to support safe, high-quality care. Both the experience of service users and carers and the expertise of professional groups must be positioned
at the centre of efforts to improve the seamless route through care services built on the shared ethos of respect and compassion.

In practice, this should include:

**Ensuring the public's access to the right expertise**
Everyone should know that they can draw easily on the expertise of appropriate, professionally-qualified staff when they need them. Within nursing, for example, we would expect this to include the public having access to the full range of physical and mental health nursing staff within teams delivering integrated care. As such, local partners must demonstrate that their plans will offer seamless access to a full range of health and care supports. Where specialised services are shared across neighbouring areas, or at national level, it must be clear in local plans that provision has been made to ensure that all service users, however limited their mobility or wealth, can access these facilities equitably.

**Respecting professional leadership and judgement**
Robust, visible and influential professional leadership is needed to plan and manage change and to ensure the safe and effective practice of frontline practitioners. Clear structures for professional leadership, from teams / wards to governing boards, must be articulated in change plans and delivered in new service configurations.

Similarly, nurses, like other key care professionals, hold a wealth of knowledge and experience in delivering successful community care and in meeting the needs of their local population. They should therefore be engaged in all integrated structures designing or commissioning services. We would also anticipate that opportunities will be created for nurses to take a clinical, managerial and contractual lead in the development of services.

**Providing adequate administrative support**
Within the NHS we are beginning to see how administrative support is being eroded to make savings in the current financial climate. Such pressures will not be isolated to the health service. However, we short change both service users and the taxpayer if professional staff, such as nurses, are routinely expected to carry out core administrative tasks like stock ordering and appointment booking. All collaborative teams must be equipped with adequate administrative support to let professional health and care staff do the skilled frontline jobs they are paid for. Administrative support needs must be reviewed regularly.

These are just some examples of the actions that RCN Scotland believes would support the integration of care services which are high quality, dignified, respectful and successful. Whilst the focus of improving care must be resolutely on the frontline relationships between service users, carers and professionals, we emphasise that the Scottish Government and other care providers will need to ensure that all the conditions required to make this a possibility are in place.
We look forward to sharing our principles for the integration of care with the Committee in full in the next few weeks and hope that these will support a productive and positive approach to success in integrating care in Scotland over the coming years.

RCN Scotland